Address, City, Zip Code

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Bo	x 202501 a, MT 59620			1				
Elementary District Resp	onsible for Re	eimbursing the	Contract		County		Legal Entity	
High School or K-12 District Responsible for Reimbursing the Contract					County		Legal Entity	
Ryegate K-12 Sc	hools		· ·		Golden Va	llev	0407	
Is this contract shared		ementary ar	nd high scho	ol?		-7		
□ yes□ noAre you applying for i	solation stati		□ No					
(If yes, please attach	explanation)	ı		nbursement	Student Name	School	Grade	
rates for special circums increased rates, individu trustees of the district, th Public Instruction. (10.7.	tances of isola al circumstanc ne county trans	ition of resider ces must be re sportation com	nce. In order to viewed and appropriate in the contract of the	o receive oproved by the	Student Name	School	Grade	
Check here only if increa	sed payment	due to isolatio portation Com	n has been ap nmittee.	proved by the	Student Name	School	Grade	
Elem District Approval		no	itials 		Student Name	School	Grade	
HS District Approval County Approval	□ yes	□ no			THIS CONTRACT Grades 1-12	IS FOR:		
Parent or Guardian N	ame: (Pleas	e Print)				nly 2nd Semester Onl	y Both Semesters	
Dale J. Sargent Physical Address (str	eet address	only):			Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters			
Distance from home for Elementary 0 Distance from home for Elementary 0 Contract is for one Students in Each Grade Lev Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency	HS 18 so nearest bu HS 4 e-way only	is stop, if an	y (one way)	s contract. 9-12 Total	by this contract: To or from Bus Sto To or from School Kindergarten chil To or from Bus Sto To or from School Deadlines: PARENTS: Due to CLERKS: Send or files. COUNTY SUPERI copy for your files. (Fo	times per day, times per day, times per day, drides without other schoo ptimes per day, times per day, times per day, times per day, School Clerk June 1. riginal to County Supt by Jul NTENDENTS: Send original REIMBURSEMENT Rar district, county and OPI eimbursement rate is deterri	days per week pol-age students:	
Spec. Ed. Contin.						20-10-142, MCA.		
insured driver will tra 2. In March and June, the transported for the part of the payment shall be	: sport or provide t nsport the stude ne District shall p ast semester. e computed on th	ransportation for ths. Mileage cor any the parent the	r the student(s) to stracts are valid of e sum officially a chedule establish	o and from the school only when transportation pproved in the applicated in Section 20-10-1	on for the distance reported on the	ict(s). pool is in session. The parent or guard contract actually occurs. there or principal of the school of the number panying this contract.		
Elementary School D	istrict	Chair, Board of Trustees Date						
High School District Ryegate K-12 School	s	Chair, Board of Trustees Date						
I attest that the above information is true and correct.								
Signature - Parent or G	uardian					Date		

Address, City, Zip Code

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	ox 202501 na, MT 59620								
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity		
High School or K-12 District Responsible for Reimbursing the Contract					County		Legal Entity		
Ryegate K-12 S	•		J		Golden \	√allev	0407		
Is this contract share		lementary ar	nd high scho	ol?					
□ yes□ noAre you applying for	· isolation stat	ue2 □ Vee	□ No						
(If yes, please attack ISOLATION: Section 2	h explanation)		nhursement	Student Name	School	Grade		
rates for special circum increased rates, indivic trustees of the district, Public Instruction. (10.)	nstances of isola lual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to eviewed and apainmittee, and the	o receive oproved by the	Student Name	School	Grade		
Check here only if incre District Trustees and th	eased payment	due to isolatio	n has been ap nmittee.	proved by the	Student Name	School	Grade		
Elem District Approval		□ no	itials		Student Name	School	Grade		
HS District Approval County Approval	□ yes	□ no			THIS CONTRACT IS FOR:				
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters				
Kaylene KcKay Physical Address (s	treet address	only):			Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or Students in Each Grade Leader Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 16 to nearest bu HS 4 ne-way only	us stop, if an	y (one way)	s contract. 9-12 Total	Kindergarten c by this contrac To or from Bus S To or from Scho Kindergarten c To or from Bus S To or from Scho Deadlines: PARENTS: Due CLERKS: Seno files. COUNTY SUPE copy for your file	t: Stop times per do ol times per do hild rides without other s Stop times per do ol times per do e to School Clerk June 1. d original to County Supt by ERINTENDENTS: Send or	days per week da		
insured driver will to 2. In March and June, transported for the 3. The payment shall	vs: unsport or provide ransport the stude the District shall p past semester. be computed on ti terminate at the ei	transportation fo nts. Mileage cor pay the parent the he basis of the se and of the school	r the student(s) to htracts are valid of e sum officially a chedule establish year or when the	o and from the school only when transportati pproved in the applica- ned in Section 20-10-1 student(s) is no longer	iter referred to as the Di or bus stop on the days when	school is in session. The parent or the contract actually occurs. eacher or principal of the school of t accompanying this contract.	guardian assures that a licensed and he number of days the student(s) was		
High School District		Chair, Board of Trustees Chair, Board of Trustees Date Date							
Ryegate K-12 School									
Signature - Parent or	Guardian		I attes	t that the above	information is true and	correct.			
	www.I					20.0			

Address, City, Zip Code

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	ox 202501 na, MT 59620								
Elementary District Res	sponsible for Re	eimbursing the	Contract		County		Legal Entity		
High School or K-12 District Responsible for Reimbursing the Contract					County		Legal Entity		
Ryegate K-12 S	chools		J		Golden V	allev	0407		
Is this contract share		ementary ar	nd high scho	ol?		<u>-</u>			
□ yes□ noAre you applying for	isolation stat	ue2 □ Vee	□ No						
(If yes, please attach	n explanation)	1		mhursement	Student Name	School	Grade		
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7	stances of isola ual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appropriate in the contract of the	o receive oproved by the	Student Name	School	Grade		
Check here only if incre District Trustees and th	eased payment	due to isolatio sportation Com	n has been ap nmittee.	proved by the	Student Name	School	Grade		
Elem District Approval		□ no	itials 		Student Name	School	Grade		
HS District Approval County Approval	□ yes	□ no □ no			THIS CONTRACT IS FOR:				
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters				
Lesley Hooper Physical Address (st	reet address	only):			Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or Students in Each Grade Le Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 18.4 to nearest bu HS 3.5 ne-way only	us stop, if an	y (one way)	is contract. 9-12 Total	Kindergarten chi by this contract: To or from Bus St To or from School Kindergarten chi To or from Bus St To or from School Deadlines: PARENTS: Due CLERKS: Send of files. COUNTY SUPER copy for your files	times per day, times per day, times per day, tid rides without other sch top times per day, times per day, to School Clerk June 1. to School Clerk June 1. to School Clerk Supt by J	days per week da		
insured driver will tr 2. In March and June, transported for the 3. The payment shall	rs: nsport or provide ansport the stude the District shall p past semester. be computed on the	transportation for nts. Mileage cor nay the parent the ne basis of the so nd of the school of	r the student(s) to atracts are valid of e sum officially a chedule establish year or when the	o and from the school only when transportation opproved in the applicated in Section 20-10-1 student(s) is no longer	on for the distance reported on th	trict(s). hool is in session. The parent or guate contract actually occurs. cher or principal of the school of the accompanying this contract.			
High School District		Chair, Board of Trustees Chair, Board of Trustees Date							
Ryegate K-12 School	ols								
Signature - Parent or	Guardian		I attes	t that the above	information is true and co	Date			
Signature i diciti di	_ au. u.u.i					Date			

Linda McCulloch, Superintendent Office of Public Instruction

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	ox 202501 na, MT 59620								
Elementary District Res	sponsible for Re	eimbursing the	Contract		County		Legal Entity		
High School or K-12 District Responsible for Reimbursing the Contract					County		Legal Entity		
Ryegate K-12 S	chools				Golden Valley		0407		
Is this contract share ☐ yes ☐ no	ed between e	lementary an	d high school	ol?					
Are you applying for (If yes, please attacl	h explanation)	□ No		Student Name	School	Grade		
rates for special circum increased rates, individ trustees of the district.	nstances of isola lual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and approximittee, and the	o receive oproved by the	Student Name	School	Grade		
Public Instruction. (10.7) Check here only if incre District Trustees and the	eased payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade		
Elem District Approval	□ yes	Ini □ no	itials		Student Name	School	Grade		
HS District Approval County Approval	□ yes	□ no □ no			THIS CONTRACT IS FOR: Grades 1-12				
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters				
Shonna Counts Physical Address (s	treet address	only):			Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
		3,			KINDERGARTEN/PRE	·	Dotti Semesters		
Distance from home Elementary 0 Distance from home Elementary 0	HS 19 to nearest bu HS 5	,			Kindergarten child rides with other school-age students also covered by this contract: To or from Bus Stop times per day, days per week To or from School times per day, days per week Kindergarten child rides without other school-age students: To or from Bus Stop times per day, days per week To or from School times per day, days per week				
☐ Contract is for or Students in Each Grade Le	, ,	the students to b	be covered by th	is contract.	Deadlines:				
	Pre-K	К	1-8	9-12	PARENTS: Due to Sch	ool Clerk June 1.			
	Total	Total	Total	Total	CLERKS: Send origina files.	ll to County Supt by July	/ 1, retain a copy for your		
Regular Trans						NDENTS: Send origina	I to OPI by July 10, retain a		
Spec. Ed. Trans					copy for your files.		ATE.		
Room & Board Correspondence						EIMBURSEMENT RA trict, county and OPI			
Reg. Contingency					Reimb	ursement rate is determ	nined by		
Spec. Ed. Contin.						20-10-142, MCA.			
				<u> </u>					
Agreement between parent (parent name), and school district (district name),									
insured driver will to 2. In March and June, transported for the 3. The payment shall	nsport or provide ransport the stude the District shall p past semester. be computed on the	nts. Mileage con pay the parent the	r the student(s) to stracts are valid of e sum officially a chedule establish	o and from the schoo only when transportat pproved in the applic ned in Section 20-10-	fter referred to as the District(s) of or bus stop on the days when school is in the ion for the distance reported on the contra- ation upon certification by the teacher or partial.	n session. The parent or guardict actually occurs. principal of the school of the nur ying this contract.			
4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date							Date		
High School District Ryegate K-12 School		Chair, Boa	Chair, Board of Trustees Date						
I attest that the above information is true and correct.									
Signature - Parent or	Guardian		_			Date			